Wiltshire Council

Health and Wellbeing Board

Thursday 12 July 2018

Subject: Better Care Plan

Executive Summary

Non-elective admissions have continued to increase when compared to last year (this is driven in the main by changes in coding at a couple of trusts and some transfer of responsibility from Specialised to CCG Commissioning).

The number of delayed transfer of care days (DTOC) when compared to the corresponding period 12 Months ago continues to improve with 1500 delayed days recorded in April 2018 versus 2200 days recorded in April 2017. The presentation at **appendix 2** provides detailed analysis of the position relating to delayed transfers.

In 2017-18 there were 367 permanent admissions to care homes, compared to the target of 525. In the first two months of this year (April and May) only 24 people were admitted to permanently to care homes which should comfortably deliver the revised (lower target) for the year of 500 permanent admissions. This is a positive outcome, and continues to deliver our ambition of care closer to home.

There are some data quality issues surrounding the measurement of people who are still at home 91 days after discharge. Conversations are ongoing to determine when this data issue will be resolved.

In 2017-18 the BCF has made a positive impact on decreasing delayed transfers of care.

Work has now started to redesign discharge pathways in-line with the new reablement service. There has been good input from across the system by front line staff who through a workshop have already begun to design the new pathway to enable more people to go home more quickly.

Further to the Care Quality Commission system review several areas of improvement have been identified. One of these areas of improvement was that we should refresh our Better Care Fund plan. At the same time, we have been putting in place a reshaped programme of work to support Health and Social Care Integration. The new programme of work will see individual projects and programmes more closely aligned to the achievement of improvements for Wiltshire residents, the Better Care Fund National conditions, and to National performance indicators.

Proposal(s)

It is recommended that the Board:
  - **i.** Note the performance levels contained in the Integration and Better Care Fund Dashboard
  - **ii.** Note the progress being made to further improve our whole system governance and leadership for Wiltshire residents.

Reason for Proposal

To provide assurance that the Better Care Fund Programme is taking forward the Health and Wellbeing Board priorities aligned to transforming care from an acute to community or home.

Tony Marvell
Portfolio Delivery Manager - Integration
Wiltshire Council and Clinical Commissioning Group

Wiltshire Council

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Subject: Better Care Fund Programme Dashboard

Purpose of Report

1.   To provide a status report for the Better Care Fund Programme.

Background

2.   The Better Care Plan is established across Wiltshire, leading schemes, managing the system in terms of flow, responding to increased pressures and developing a consistent approach in relation to measurement, monitoring and delivery. The Better Care Fund Programme provides a platform for transformation and system wide integration.

Main Considerations

3.   The Better Care Fund plan for 2018-19 continues to take forward the commitment of reducing hospital based care to care local or at home. This is supported by a responsive Home First model that will continue to be strengthened in 2018/19 as our new service models are commissioned.

4.   The performance dashboard at **Appendix 1** shows that:

- Overall non-elective admissions for Wiltshire during 2017-18 were around 12.4% (5,344 admissions) higher than last year, but this is driven in the main by changes in coding at a couple of trusts and some transfer of responsibility from Specialised to CCG Commissioning, without these changes the increase would be around 6.3% (1,921 admissions). Avoidable emergency admissions in 2017-18 were up 3.0% (150 admissions) and admissions from non-LD care homes were down 2.6% (41 admissions) during 2017-18. M1 data for 2018-19 suggests this level of activity has been maintained.
- New permanent admissions to care homes remain at historically low levels with 367 placements in 2017-18 compared to 434 in 2016-17, and this trend continues in 2018-19 with only 24 people permanently placed in April and May this year.
- The percentage of people at home 91 days post hospital discharge has reduced, data quality issues are causing issues with regards to the production of accurate performance information which is being managed to ensure reliable information for 2018-19.
- The number of bed days lost as a result of delayed transfers of care continues to fall (when compared to 12 Months ago), however our position remains above the planned trajectory.

- Urgent care at home continues to see more referrals, with 71 in March, which is close to the target of 80 people, the % of admissions avoided was lower 84%
- New care at home clients reduced in May with 66 new clients compared to 88 in April, overall care at home clients reduced by 19 from April to May.
- In 2017-18 there were 795 clients supported by the Urgent Care at home service which is an increase of 34.3% on 2016-17 (592 clients).
- In 2017-18 there were 632 admissions to an Intermediate Care Bed which is broadly similar to 2016-17 (624) discharges were slightly higher in 2017-18 at 632 compared to 2016-17 (604).

Better Care Fund 2017/19

5.   Further to the Care Quality Commission system review several areas of improvement have been identified. One of these areas of improvement was that we should refresh our Better Care Fund plan. At the same time, we have been putting in place a reshaped programme of work to support Health and Social Care Integration. The new programme of work will see individual projects and programmes more closely aligned to the achievement of improvements for Wiltshire residents, the Better Care Fund National conditions, and to National performance indicators.

The new Integration programme is based around 8 key themes

   o   New Wiltshire Health and Social Care framework model- to help people in Wiltshire to live as well as possible
   o   Single overarching strategy to provide more effective prevention, health and social care outcomes for the population- We will create and implement one approach to provide people with better health and social care
   o   Strengthening Strategic Commissioning across the whole system- we will ensure that we buy the best systems and services to give our residents the best possible support when they need it
   o   Improve Wiltshire's Health and Wellbeing Board effectiveness- we will make and take decisions together at the top table
   o   Unifying and developing whole system governance arrangements- we will work together to ensure our organisations work in safe and effective ways
   o   Developing a sustainable integrated workforce strategy- we will create and develop inspiring teams of people to meet the health and social care needs of the population
   o   Implementing digital opportunities and information sharing across the system- we will use the right technology to share information safely and help to create the best experience for people when they interact with us
   o   Single integrated engagement and communications strategy- we will listen and talk to people in a unified voice

6.   There is a large amount of activity underway focussed on admission avoidance and the reduction of delayed transfers of care for example:

- Management of calls through IUC / CAS to be supported and assessed by clinicians to reduce number of patients referred to ED
- Management of calls through IUC / CAS to be supported and assessed by clinicians to reduce number of patients referred to 999
- Validation of all Cat 3 and Cat 4 ambulance calls
- Reduce the wait for discharge on a home first pathway (Review end to end pathway, identify and remove, unwarranted variation, duplication and non-value adding steps and design & mobilise the new pathway for Home First +
- Increase capacity in Home First (Centrally recruitment of RSW's and identification of secondments)
- Process Improvement & increased Capacity. Improve the flow through ICT and community hospitals (Re procurement with potential increase in ICT capacity, enhanced collaboration between health and social care, agreement of operating model to ensure clear lines of accountability, review the end to end pathway for ICT & CH's removing unwarranted variation, duplication and delays, fully embed red and green within community hospitals, and establishment of twice weekly conference calls to discuss all health and social care delays
- Implementation of Trusted Assessor model
- 7 Day Working
- Reduction in Length of Stay across all pathways
- Daily review of "good to go" patients across the Acute providers

Next Steps

6.   Timescales

We have agreed to align all existing activity to the National high impact model and a new group is now being brought together to oversee this work.

The new governance arrangements and Wiltshire local high impact model will be populated and brought back to the October meeting of the Health and Wellbeing Board.

Tony Marvell
Portfolio Delivery Manager - Integration
Wiltshire Council and Clinical Commissioning Group

Report Author: Tony Marvell
Portfolio Delivery Manager - Integration

Appendices:
Appendix 1: BCP Dashboard
Appendix 2: DTOC data analysis